

RHODE ISLAND DEPARTMENT OF HEALTH

START WORK NOTIFICATION – ASBESTOS ABATEMENT PLAN #: _____

1. TYPE OF NOTIFICATION [O=Original; R=Revised; C=Cancelled]: _____

2. NAME, ADDRESS & TELEPHONE NUMBER OF FACILITY OWNER OR REPRESENTATIVE:

Name: _____

Street: _____ **Telephone #:** _____

City/Town: _____ **State:** _____ **Zip Code:** _____

Contact Person: _____ **Telephone #:** _____

NAME, ADDRESS & TELEPHONE NUMBER OF ASBESTOS CONTRACTOR:

Name: _____ **RI License #: LAC-** _____

Street: _____ **Telephone #:** _____

City/Town: _____ **State:** _____ **Zip Code:** _____

3. TYPE OF OPERATION [D=Demo; O=Ordered Demo; R=Renovation; E=Emer. Renovation]: _____

4. IS ASBESTOS PRESENT? [Yes/No]: _____

5. FACILITY DESCRIPTION:

Bldg. Name: _____

Street: _____

City/Town : _____ **State:** _____ **Zip Code:** _____

Site Location: _____

Bldg. Size: _____ **Number of Floors:** _____ **Age in Years:** _____

Present Use: _____ **Prior Use:** _____

6. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:

	RACM TO BE REMOVED	NONFRIABLE ASBESTOS NOT TO BE REMOVED CAT I	CAT II	INDICATE UNIT OF MEASUREMENT BELOW UNIT
PIPES				Ln Ft: Ln m:
SURFACE AREA				Sq Ft: Sq m:
VOL RACM OFF FACILITY COMPONENT				Cu Ft: Cu m:

8. SCHEDULED DATES FOR ASBESTOS REMOVAL:

Start: _____ **Completion:** _____

9. SCHEDULED DATES FOR ASSOCIATED NON-ASBESTOS RENOVATION/DEMOLITION:

Start: _____ **Completion:** _____ [] NOT APPLICABLE

10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK & METHOD(S) TO BE USED:

11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

12. WASTE TRANSPORTER #1:

Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Contact Person: _____ Telephone #: _____

WASTE TRANSPORTER #2:

Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Contact Person: _____ Telephone #: _____

13. WASTE DISPOSAL SITE:

Name: _____

Location: _____ Telephone #: _____

City/Town: _____ State: _____ Zip Code: _____

14. IF ORDERED BY GOVERNMENT AGENCY, NAME, TITLE & AUTHORITY OF GOVERNMENT AGENCY REQUIRING THE DEMOLITION [In Accordance With Paragraph A.4.2 (c)]:

Date Order Issued: _____ Date Demo Ordered to Begin: _____ [☐] NOT APPLICABLE

15. EMERGENCY RENOVATIONS [In Accordance With Section A.4.2]:

Date & Hour Emergency Began: _____

Description of Sudden, Unexpected Event: _____

Explanation of how event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

[☐] NOT APPLICABLE

16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER:

17. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M, WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

(Signature of Building Owner/Representative) Date: _____

18. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(Signature of Building Owner/Representative) Date: _____